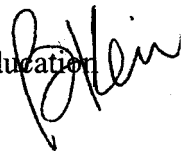




**TEXAS DEPARTMENT OF HEALTH  
AUSTIN, TEXAS  
INTEROFFICE MEMORANDUM**

**TO:** Regional Directors  
Directors, Local Health Departments  
Directors, Independent WIC Local Agencies  
Herman Horn, Chief, Bureau of Regional/Local Health Operations

**FROM:** Barbara Keir, Director  
Public Health Nutrition and Education  
Bureau of Nutrition Services 

**DATE:** June 30, 2000

**SUBJECT:** Reporting Damaged Formula

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Some of the local agencies have reported a problem receiving credit for sample formula that was delivered damaged. In the future local agencies should contact Donna Ulrich, Mead Johnson WIC Technical Assistant, directly for all credit issues. Ms. Ulrich will forward the information to Mead Johnson customer service and will also ensure that credit is issued promptly. Attached is a form that may be faxed to Mead Johnson. If faxing is not convenient, you may also call Ms. Ulrich at (812) 429-7345.

If you have questions call Matthew Harrington, Clinical Nutrition Specialist, at (512) 458-7111 ext. 3503 or [matt.harrington@tdh.state.tx.us](mailto:matt.harrington@tdh.state.tx.us).

Attachment

**MEAD JOHNSON PROCEDURES FOR DAMAGED PRODUCT RETURNS  
FOR WIC FREE TRADE CLINICS**

NEVER USE DAMAGE PRODUCTS!

ALWAYS DISPOSE OF DAMAGED PRODUCTS IN AN EFFICIENT & TIMELY MANNER

IF LEAKAGE OCCURS IN CANS PLEASE DESTROY IMMEDIATELY AND CALL MJN CUSTOMER SERVICE AT 800-457-3550. WE ASK THAT EACH INDIVIDUAL CLINIC KEEP TRACK OF EACH DAMAGE ITEM AND TO ACCUMULATE DAMAGE CANS EQUIVALENT TO A FULL CASE. (e.g., ALL CONCENTRATE ITEMS = 12 CANS PER CASE & ALL POWDERS ITEM = 6 CANS PER CASE) **NOTE: WE DO NOT CREDIT OR REPLACE PARTIAL CASES.**

TO RECEIVE A CREDIT OR REPLACEMENT, THE CLINIC/STATE MUST COMPLETE THIS FORM AND **FAX IT TO DONNA ULRICH AT 812-429-8610.**

ANY QUESTIONS REGARDING ORDERS OR DELIVERIES SHOULD ALWAYS BE DIRECTED TO CUSTOMER SERVICE AT THE PHONE NUMBER LISTED ABOVE. ANY ADDITIONAL QUESTIONS REGARDING FREE TRADE SHOULD BE ADDRESSED TO **DONNA ULRICH, WIC ADMINISTRATION, AT 812-429-7345.**

Customer Account Number \_\_\_\_\_ Agency/Clinic/# \_\_\_\_\_

Local Agency Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_

**Please indicate the damage item(s) and quantities**

☐ Enfamii W/I Concentrate Case Qty \_\_\_\_\_

☐ Enfamil WA Powder Case Qty \_\_\_\_\_

☐ ProSobee Concentrate Case Qty \_\_\_\_\_

☐ ProSobee Powder Case Qty \_\_\_\_\_

☐ LactoFree Concentrate Case Qty \_\_\_\_\_

☐ LactoFree Powder Case Qty \_\_\_\_\_

☐ Other \_\_\_\_\_

**Please indicate Replacement or Credit**

☐ Replacement Request

☐ Credit Request

**THANK YOU!**